Attorney or Party Name		d 11/24/23 Entered 11/24/23 21:29:47 Desc
State Bar No. & Email	Main Docun	neintor coragest of 5
Benjamin Heston Bar Number: 297798 Nexus Bankruptcy 100 Bayview Circle #100 Newport Beach, CA 9266 Phone: (951) 290-2827 Email: ben@nexusbk.com	60	
Email. Den@nexusbk.com	<u>m</u>	
Debtor(s) appearing Attorney for Debtor	g without an attorney	
	United States	Bankruptcy Court fornia - Santa Ana Division
In re:		CASE NO.:
Elizabeth M Matias		CHAPTER: 7
		DECLARATION BY DEBTOR(S) AS TO WHETHER INCOME WAS RECEIVED FROM AN EMPLOYER WITHIN 60 DAYS OF THE PETITION DATE
		[11 U.S.C. § 521(a)(1)(B)(iv)]
	Debtor(s	[No hearing required]
I was paid employmenumber of number(s	day period before the Petition Date (<u>Check only ON</u> d by an employer. Attached are copies of all statemeent income I received from my employer during this for bank account is on a pay stub or other proof of incomes before filing this declaration.)	ents of earnings, pay stubs, or other proof of 60-day period. (If the Debtor's social security orne, the Debtor must cross out (redact) the
		0 140
Date: 10/31/2023	Elizabeth M Matias Printed name of Debtor 1	Signature of Debtor 1
Declaration of Debtor 2	(Joint Debtor) (if applicable)	
2. 🔲 I am Debtor 2	in this case, and I declare under penalty of perjury th	at the following information is true and correct:
During the 60	day period before the Petition Date (Check only Ol	NE box below):
employm number o	id by an employer. Attached are copies of all statement income I received from my employer during this or bank account is on a pay stub or other proof of incos) before filing this declaration.)	60-day period. (If the Debtor's social security
☐ I was not	t paid by an employer because I was either self-emp	oloyed only, or not employed.
Date:	Printed name of Debtor 2	Signature of Debtor 2
	and the same both	a United States Banks inter Court for the Control District of California

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Memorial Health Services 17360 Brookhurst Fountain Valley, CA 92708
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 Pay Group:
 H10-Ten Hour Shift/40 Work Week

 Pay Begin Date:
 09/03/2023

 Pay End Date:
 09/16/2023

Business Unit: Advice #:
Advice Date:

Addl. Pct.:

Addl. Amt.:

74410716 09/22/2023

Elizabeth MatiasEmployee ID:1638213902 parkway drDepartment:86104:Garden grove, CA 92843Location:MCSS

Department: 861045-MemorialCare Navigation Center Location: MCSS-MemorialCare Shared Svcs

Job Code(s): M-0039 JobPayRate(s): 23.76 TAX DATA: Federal Marital Status: Single Allowances: 0

Single S/M-2 inc 0 1

CA State

HOURS AND EARNINGS

-----Pay Period----
Regin Date And Date Rate Hours Famings Description Current

Deptid	JobCode Description	Begin Date	End Date	Rate	Hours	Earnings	Description	Current	YTD
861045	/ M-0039 / FL Family Leave/PTO	• •	•	23.76	4.89	116.19	Fed Withholdng	0.00	999.68
861045	/ M-0039 / FU Family Leave Unpaid Ho				32.00		Fed MED/EE	4.46	272.31
861045	/ M-0039 / FU Family Leave Unpaid Ho				8.00	0.00	Fed OASDI/EE	19.08	1,164.38
861045	/ M-0039 / FU Family Leave Unpaid Ho				3.05	0.00	CA Withholdng	0.00	212.86
861045	/ M-0039 / ST * Straight Time			23.76	8.06	191 71	CA OASDI/EE	2.77	169.02
									107.02

DEFORE THE E				IN TENT THE BEDGETTON			TITLD DESCRIPTION	
Description	Current	YTD	Description	Current	<u>YTD</u>	Description	Current	YTD
401K Employee Contribution	3.08	187.78				Life & AD&D	1.04	19.12
						Long Term Disability	4.47	48.13
Total:	3.08	187.78	Total:	0.00	0.00	*Taxable		
10tal.	3.06	107.70	Total.	0.00	0.00	Taxable		
	TOTAL GROSS	FED TA	XABLE GROSS	TOTA	AL TAXES	TOTAL DEDUCTIONS	S	NET PAY

 TOTAL GROSS
 FED TAXABLE GROSS
 TOTAL TAXES
 TOTAL DEDUCTIONS
 NET PAY

 Current
 307.70
 304.62
 26.31
 3.08
 278.31

 YTD
 18,780.27
 18,592.49
 2,818.25
 187.78
 15,774.24

OTHER BALANCES	
Total PTO Hours:	1.25
PTO Hours Accrued this Pay Period:	1.25
PTO Accrual Rate (Per Hour):	0.096154
CA Paid Sick Leave(Per Diem):	00.00
KinCare (1/2 PTO accrual):	1.25
Employee Retirement Deduction %:	N/A
Retirement Qualifying Hours:	809.87

 NET PAY DISTRIBUTION

 Advice # 74410716
 278.31

 Total:
 278.31

MESSAGE:

***-**-7605

Memorial Health Services

17360 Brookhurst Fountain Valley, CA 92708

Deposit Amount: \$278.31

To The

Account(s) Of 861045-MemorialCare Navigation Center

ELIZABETH MATIAS 13902 parkway dr Garden grove, CA 92843

Location: MCSS-MemorialCare Shared Svcs

DIRECT DEP	OSIT DISTRIBUTION	N	
Account Type	Account Number		Deposit
		Amount	_
Checking	*****1703		278.31
Total:			278.31

Advice No. 74410716

Date: 09/22/2023

Case 8:23-bk-12353-SC Doc 10 Filed 11/24/23 Entered 11/24/23 21:29:47 Desc Pay Gromain Document Hour Page 3kor 5 MHS00 Memorial Health Services Business Unit 17360 Brookhurst Advice #: 74421748 Fountain Valley, CA 92708 Pay End Date: 09/30/2023 Advice Date: 10/06/2023 TAX DATA: CA State Federal Elizabeth Matias Employee ID: 163821 S/M-2 inc Marital Status: Single 861045-MemorialCare Navigation Center 13902 parkway dr Department: Allowances: 0 Garden grove, CA 92843 Location: MCSS-MemorialCare Shared Svcs Addl. Pct.: M-0039 Job Code(s): ***-**-7605 Addl. Amt.: JobPayRate(s): 23.76 TAXES HOURS AND EARNINGS -Pay Period-Current Begin Date YTD 861045 M-0039 / FL Family Leave/PTO 23.76 1.25 Fed Withholdn 18,45 1,018.13 M-0039 / FU Family Leave Unpaid Ho 861045 6.14 0.00 Fed MED/EE 10.51 282.82 M-0039 / FU Family Leave Unpaid Ho 6.40 0.00 Fed OASDI/EE 44,91 1,209.29 / M-0039 / FU Family Leave Unpaid Ho / M-0039 / ST * Straight Time 861045 16.00 0.00 CA Withholdng 1.18 214.04 495.63 861045 23.76 20.86 CA OASDI/EE 6.52 175.54 / M-0039 / ST * Straight Time / M-0039 / UA Unscheduled Hrs/Unpaid 861045 23.76 8.38 199.11 861045 5.01 0.00 64.04 724.44 Total OTAL: (* Hours worked were 29.24) 2,899.82 BEFORE-TAX DEDUCTIONS AFTER-TAX DEDUCTIONS EMPLOYER PAID BENEFITS Description YTD 195.02 Description Description YTD Current Current 7.24 401K Employee Contribution Life & AD&D 1.04 20.16 Long Term Disability 4.47 52.60 195.02 Total: Total: 7.24 0.00 0.00 *Taxable FED TAXABLE GROSS TOTAL GROSS TOTAL TAXES TOTAL DEDUCTIONS NET PAY Current 724.44 81.57 635.63 YTD 19,309.69 2,899.82 195.02 16,409.87 OTHER BALANCES NET PAY DISTRIBUTION 635.63 Total PTO Hours: 2.93 74421748 Advice # PTO Hours Accrued this Pay Period: 2.93 Total: 635.63 PTO Accrual Rate (Per Hour): 0.096154 CA Paid Sick Leave(Per Diem): 00.00 KinCare (1/2 PTO accrual): 2.93 Employee Retirement Deduction %: N/A Retirement Qualifying Hours: 840.36

MESSAGE:

Memorial Health Services

17360 Brookhurst

Fountain Valley, CA 92708

Deposit Amount: \$635.63

To The

Account(s) Of 861045-MemorialCare Navigation Center

ELIZABETH MATIAS 13902 parkway dr

Garden grove, CA 92843

Location: MCSS-MemorialCare Shared Svcs

DIRECT DEP	OSIT DISTRIBUTION	N	
Account Type	Account Number		Deposit
5.5		Amount	92.0
Checking	*****1703		635.63
Total:			635.63

Advice No. 74421748

Date: 10/06/2023

Case 8:23-bk-12353-SC Doc 10 Filed 11/24/23 Entered 11/24/23 21:29:47 Pay Group Ain Document Hour Shirage of vot 5 Memorial Health Services Business Unit: 17360 Brookhurst Pay Begin Date: 10/01/2023 Advice #: 74432688 10/14/2023 Fountain Valley, CA 92708 Pay End Date: 10/20/2023 Advice Date: TAX DATA: Federal CA State Employee ID: 163821 S/M-2 inc Elizabeth Matias Marital Status: Single 861045-MemorialCare Navigation Center 13902 parkway dr Department: Allowances: 0 Garden grove, CA 92843 MCSS-MemorialCare Shared Svcs Location: Addl. Pct.: ***-**-7605 Job Code(s): M-0039 Addl. Amt.: JobPayRate(s): 23.76 HOURS AND EARNINGS TAXES Current --Pay Period-Hours YTD JobCode Description Begin Date End Date Current M-0039 / FL Family Leave/PTO Fed Withholdng 1.045.57 861045 M-0039 / FU Family Leave Unpaid Ho M-0039 / FU Family Leave Unpaid Ho 12.39 0.00 11.82 Fed MED/EE 294.64 17.31 0.00 861045 Fed OASDI/EE 50.55 1.259.84 861045 861045 / M-0039 / ST * Straight Time / M-0039 / ST * Straight Time 23.76 23.76 19.62 11.76 466.17 279.42 CA Withholdng 3.16 217.20 CA OASDI/EE 7.34 182.88 815.21 OTAL: (* Hours worked were 31.38) 64.01 3,000.13 AFTER-TAX DEDUCTIONS BEFORE-TAX DEDUCTIONS EMPLOYER PAID BENEFITS Description 401K Employee Contribution Current 8.15 YTD Description YTD Descripti YTD Life & AD&D 21.20 1.04 Long Term Disability Total: 203.17 Total: 0.00 *Taxable TOTAL GROSS FED TAXABLE GROSS TOTAL TAXES TOTAL DEDUCTIONS NET PAY Current 815.21 100.31 8.15 YTD 20,319.92 20,116.75 3,000.13 203.17 17,116.62 OTHER BALANCES NET PAY DISTRIBUTION Total PTO Hours: 3.30 74432688 706.75 Advice # PTO Hours Accrued this Pay Period: 3.30 706.75 Total: PTO Accrual Rate (Per Hour): 0.096154 CA Paid Sick Leave(Per Diem): 00.00 KinCare (1/2 PTO accrual): 3.30

MESSAGE:

Memorial Health Services

17360 Brookhurst

Employee Retirement Deduction %:

Retirement Qualifying Hours:

Fountain Valley, CA 92708

Deposit Amount: \$706.75

To The

Account(s) Of 861045-MemorialCare Navigation Center

ELIZABETH MATIAS

13902 parkway dr Garden grove, CA 92843

Location: MCSS-MemorialCare Shared Svcs

N/A

874.67

Account Type	Account Number		Deposit
		Amount	
Checking	*****7220		706.75
Total:			706.75

Advice No. 74432688

NON-NEGOTIABLE

Date: 10/20/2023

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Memorial Health Services 17360 Brookhurst Fountain Valley, CA 92708
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 Pay Group:
 H10-Ten Hour Shift/40 Work Week

 Pay Begin Date:
 10/15/2023

 Pay End Date:
 10/28/2023

Business Unit: Advice #: Advice Date: MHS00 74444155 11/03/2023

Elizabeth Matias 13902 parkway dr Garden grove, CA 92843

Description 401K Employee Contribution

***-**-7605

Employee ID: 163821 Department: 861045

YTD

Description

163821 861045-MemorialCare Navigation Center MCSS-MemorialCare Shared Svcs

Location: MCSS-M Job Code(s): M-0039 JobPayRate(s): 23.76 TAX DATA: Marital Status: Allowances: Federal CA State Single S/M-2 inc 0 1

Addl. Pct.: Addl. Amt.:

YTD Description Life & AD&D

Long Term Disability

S61045 M-0039 FU Family Leave Unpaid Ho 8.00 0.00	HOURS AND EARNINGS						TAXES	
861045 / M-0039 / FL Family Leave/PTO	50. 46	Pay Period		Current -			20 21	
Selot M-0039 FU Family Leave Unpaid Ho Selot M-0039 FU Funity Leave Unpaid Ho Selot M-0039 Full Holding Selot M-0039 Full Holding Selot M-0039 Full Holding Selot M-0039 Full Holding Selot Selot M-0039 Full Holding Selot M-0039 Full Holding Selot Selot	Deptid JobCode Description	Begin Date ■nd Date	Rate	Hours	Earnings	Description	Current	YTD
OTAL: (* Hours worked were 20.24) 64.03 559.31 Total 49.91 3,	861045 /M-0039 / FL Family Leave/PTO 861045 /M-0039 / FU Family Leave Unpaid Ho 861045 /M-0039 / ST * Straight Time 861045 /M-0039 / ST * Straight Time		23.76	3.30 8.00 10.97 8.53 8.29 8.32 11.92	78.41 0.00 0.00 0.00 0.00 197.68 283.22	Fed Withholdng Fed MED/EE Fed OASDI/EE CA Withholdng	2.10 8.11 34.67 0.00	1,047.67 302.75 1,294.51 217.20 187.91
RECORE TAY DEDUCTIONS AFTER TAY DEDUCTIONS FMPI OVER PAID RENEFITS					559.31			3,050.04

Total:	5.59	208.76 Total:	0.00 0.00	*Taxable	
	TOTAL GROSS	FED TAXABLE GROSS	TOTAL TAXES	TOTAL DEDUCTIONS	NET PAY
Current	559.31	553.72	49.91	5.59	503.81
YTD	20.879.23	20,670.47	3,050.04	208.76	17,620,43

Current

OTHER BALANCES	
Total PTO Hours:	2.26
PTO Hours Accrued this Pay Period:	2.26
PTO Accrual Rate (Per Hour):	0.096154
CA Paid Sick Leave(Per Diem):	00.00
KinCare (1/2 PTO accrual):	2.26
Employee Retirement Deduction %:	N/A
Retirement Qualifying Hours:	898.21
	100000000000000000000000000000000000000

Current

 NET PAY DISTRIBUTION

 Advice # 74444155
 503.81

 Total:
 503.81

Current

4.47

YTD 22.24 61.54

MESSAGE:

Memorial Health Services

17360 Brookhurst Fountain Valley, CA 92708

Deposit Amount: \$503.81

To The

Account(s) Of 861045-MemorialCare Navigation Center

ELIZABETH MATIAS 13902 parkway dr Garden grove, CA 92843

Location: MCSS-MemorialCare Shared Svcs

DIRECT DEP	OSIT DISTRIBUTION		
Account Type	Account Number		Deposit
	ULTIMIS CAT MEMORATISMA STREET, MA NEW ASSISTA	Amount	Entre Decomposition
Checking	*****7220		503.81
Total:			503.81

Advice No. 74444155

Date: 11/03/2023